

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

 / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	489770.59	
(c) Total Receipts (from Line 19)	102302.64	459095.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	592073.23	915005.86
7. Total Disbursements (from Line 31)	87260.98	410193.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	504812.25	504812.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	82198.99	378084.93
(ii) Unitemized	20103.65	80010.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	102302.64	458095.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	102302.64	458095.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	102302.64	459095.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	102302.64	459095.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-54513.02	8814.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-54513.02	8814.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	333147.69
24. Independent Expenditures (use Schedule E)	57000.00	57000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	274.00	11231.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	274.00	11231.68
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87260.98	410193.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87260.98	410193.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	102302.64	458095.50
34. Total Contribution Refunds (from Line 28(d))	274.00	11231.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102028.64	446863.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-54513.02	8814.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-54513.02	8814.24

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

This amended report is in response to the FEC's letter dated October 17, 2012. The contribution to Nancy Pelosi for Congress has been redesignated and was reported as a MEMO entry in our August Monthly FEC report. The contributions to Kissell for Congress, Mike Rogers for Congress, Robert Hurt for Congress and Volunteers for Shimkus should have been designated to the general election but were reported erroneously as primary election contributions due to a clerical error. We have confirmed with the recipient committees that the contributions were designated toward the general election, and as such, have appeared on their respective reports correctly as general election contributions.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Madhu Agarwal

Mailing Address 1200 California St
Ste 140

City State Zip Code
Redlands CA 92374-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : DBC07C149B2358CA5B0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kathy Anderson

Mailing Address 31002 Carpenter Ct

City State Zip Code
Warrenville IL 60555-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : A26AC05106675DCBBD2

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Warren Appleman

Mailing Address 66 E 79th St

City State Zip Code
New York NY 10075-0244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : 4D4FA193954EF164783E

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

906.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Avery

Mailing Address 5 Via Encanto

City State Zip Code
 Santa Barbara CA 93108-1774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 719C6E5C4410E3591D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Darron Bacal

Mailing Address 202 Cherry St

City State Zip Code
 Milford CT 06460-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : B9AAD57DEFD2DA7D574

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Harold Ballitch

Mailing Address 1991 Park Ave W

City State Zip Code
 Ontario OH 44906-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2012

Transaction ID : DF6498AA38A56C48839

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Neal Barney

Mailing Address 600 Highland Ave

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 5C291C5CF51B3F68E1E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ivan Batlle

Mailing Address 9301 W 74th St
Ste 210

City

Shawnee Mission

State

KS

Zip Code

66204-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2012

Transaction ID : 43BAEEE0523EE042F6A8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. J. Chandler Berg

Mailing Address 2709 Meredyth Dr
Ste 110

City

Albany

State

GA

Zip Code

31707-0201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 22134E49AC5BB8844F0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Terry Bergstrom

Mailing Address 1000 Wall St

Wk Kellogg Eye Center, Rm 649

City

Ann Arbor

State

MI

Zip Code

48105-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 2D67D96DE5C25EF5896

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Maria Berrocal

Mailing Address 6 Mariano Ramirez Street

Penthouse-B

City

San Juan

State

Se

Zip Code

00907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 214EB7E3725C6BCA3D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven Bodine

Mailing Address 915 Palmer Rd

Retina Consultations

City

Bronxville

State

NY

Zip Code

10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2012

Transaction ID : 41F1B08C634AC26D40A2

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

906.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Braley

Mailing Address 1661 Higdon Ferry Rd

City

Hot Springs

State

AR

Zip Code

71913-6913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 44D862CE76C4485FF48

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Gerard Brooks Jr.

Mailing Address 2718 Madden Dr

City

Columbus

State

GA

Zip Code

31906-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 47878ED5EA6E0845DE6E

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. James Brown III

Mailing Address PO Box 1368

City

Starkville

State

MS

Zip Code

39760-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : 0332F641-50FD-433B-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kerry Michael Brown

Mailing Address 204 N Magdalen Sq

City

Abbeville

State

LA

Zip Code

70510-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 1598FB6A085488DBAD2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald Brown

Mailing Address 3000 Regency Ct
Ste 100

City

Toledo

State

OH

Zip Code

43623-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 67251A5606BA44B2C01

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Howard Bruckner

Mailing Address 909 15th St

City

Augusta

State

GA

Zip Code

30901-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2012

Transaction ID : 7E3CCE1FFAA78FDC36A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bruce Brumm

Mailing Address 6751 N 72nd St
Ste 105

City State Zip Code
Omaha NE 68122-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2012

Transaction ID : 444FA3E31A96AA6DD211

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Frank Burns

Mailing Address 301 Pepperbush Rd

City State Zip Code
Louisville KY 40207-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : 44F99C1D83282428CD9C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. F. Keith Busse

Mailing Address 4700 Seton Center Pkwy
Ste 150

City State Zip Code
Austin TX 78759-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 466C4478BF0EBA7FA0B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Cain

Mailing Address 1920 Pickens St

City State Zip Code
Columbia SC 29201-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 54639CB78F60BA565DF

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ronald Caronia

Mailing Address 360 Merrick Rd
FI 3

City State Zip Code
Lynbrook NY 11563-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : E8459F7548E209BB577

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Andrew Caster

Mailing Address 9100 Wilshire Blvd
Ste 265E

City State Zip Code
Beverly Hills CA 90212-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : B6BF08B24E571EE689F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. D. Alan Chandler

Mailing Address 10271 Matthews Grove Ln

City State Zip Code
 Mechanicsville VA 23116-5151

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 27 2012

Transaction ID : 952F3F20D5321A3495F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marina Chechelnitsky

Mailing Address 227 N Jackson Ave

City State Zip Code
 San Jose CA 95116-1603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 20 2012

Transaction ID : 62C7B8D21A14DFB6DD6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lionel D. ChisholmMailing Address 20 Rock Pointe Ln
Ste 201

City State Zip Code
 Warrenton VA 20186-2680

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 11 2012

Transaction ID : 2B7A199A41143046E96

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hak Chung

Mailing Address 2070 Pleasant Hill Rd
Ste 100

City State Zip Code
Duluth GA 30096-4659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2012

Transaction ID : 4606835DD7644D17D36C

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Charles Colombo

Mailing Address 1701 South Blvd E
Ste 180

City State Zip Code
Rochester Hills MI 48307-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 984F742EB4545A302B3

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Luis Colon

Mailing Address 3433 S Lafountain St

City State Zip Code
Kokomo IN 46902-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : F8D91B4E91D1B7B1090

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

906.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Atys Cope

Mailing Address PO Box 239

City State Zip Code
 Statesboro GA 30459-0239

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 06 27 2012

Transaction ID : 4FCAB20231C5A083117F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott CorinMailing Address 500 Faunce Corner Rd
Bldg 100

City State Zip Code
 North Dartmouth MA 02747-1278

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 04 2012

Transaction ID : 4B9DD681-6C49-43D2-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. F. Michael Cornell

Mailing Address 11003 SE 119th Ct

City State Zip Code
 Happy Valley OR 97086-2722

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 04 2012

Transaction ID : 0590FBD293CFB945553

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1448.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. J. Burns Creighton Jr.

Mailing Address 11012 Mizelle Creek Trl

City State Zip Code
 Lithia FL 33547-2383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 7182A4008A1D6A91BF1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terry Croyle

Mailing Address 2375 S Main St

City State Zip Code
 Moultrie GA 31768-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 628E2AE5AD2BA4C9221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roger Dailey

Mailing Address 3375 SW Terwilliger Blvd

City State Zip Code
 Portland OR 97239-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 14 / 2012

Transaction ID : C4D28878-A08C-4EC1-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David DeRose

Mailing Address 1251 S Cedar Crest Blvd
Ste 307

City State Zip Code
Allentown PA 18103-6214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : BB895482-718B-4C5E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eldi Deschamps

Mailing Address 8510 Broadway

City State Zip Code
Merrillville IN 46410-7032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 19DDD248738EC1E5FCB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Alan Deutsch

Mailing Address 110 Remsen St

City State Zip Code
Brooklyn NY 11201-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 18 / 2012

Transaction ID : 6D6AB3FA3651F74C8E7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anna Luisa Di Lorenzo

Mailing Address 1325 Pilgrim Ave

City

Birmingham

State

MI

Zip Code

48009-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2012

Transaction ID : 47BB8B778FA5C8A159F2

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Gary Dolin

Mailing Address 8111 12th Ave NW

City

Bradenton

State

FL

Zip Code

34209-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2012

Transaction ID : FADE5509-8B6C-4598-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nicholas DonasMailing Address 18 Ashford Ave
Ste 2M

City

Dobbs Ferry

State

NY

Zip Code

10522-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : 137E006CD89C00AB53E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1008.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Downing

Mailing Address 985 Matlock Rd

City State Zip Code
Bowling Green KY 42104-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : 4ED1C9B942AA3FC45C5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Falconer

Mailing Address 30051 Schoenherr Rd

City State Zip Code
Warren MI 48088-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 000CDBBF-82FB-4ADD-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Finegan

Mailing Address 236 Roseberry St

City State Zip Code
Phillipsburg NJ 08865-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 07 / 2012

Transaction ID : 4D9F9225D1E92E3D687E

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 87

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Fishman

Mailing Address 235 E 95th St
Apt 32J

City State Zip Code
New York NY 10128-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : B5E79BD5250FE8282AC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Nicholas Fleming

Mailing Address 1028 Cypress Pointe Dr

City State Zip Code
Caseyville IL 62232-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 7DA9C7ED0F27CEFBEO5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Erin Fogel

Mailing Address 13 N Bow Dunbarton Rd

City State Zip Code
Bow NH 03304-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : 40B89CE612D73B24D8F6

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

780.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Fox

Mailing Address 2925 Sportsmans Dr

City State Zip Code
Milford IA 51351-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 096F981F8373C42D0C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Raul Franceschi

Mailing Address 29 Calle Washington
Ste 707

City State Zip Code
San Juan Se 00907-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 934E0D79F71D843218C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. C. Rommel Fuerste

Mailing Address 2140 John F Kennedy Rd

City State Zip Code
Dubuque IA 52002-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 9190EF2A7B3F190B6C7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ana Galva

Mailing Address 735 Ave Ponce De Leon
Ste 603

City State Zip Code
San Juan Se 00917-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 38DE1864B795786588A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas Gardner

Mailing Address 1000 Wall St

City State Zip Code
Ann Arbor MI 48105-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 3682AE87A396C278354

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David George

Mailing Address 418 Grand Park Dr
Ste 315

City State Zip Code
Parkersburg WV 26105-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2012

Transaction ID : B27C4701DBC8CADE4C6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joel George

Mailing Address 3701 Santa Erica

City

State

Zip Code

Mission

TX

78572-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 07 / 2012

Transaction ID : 6C7AE930-D9D3-4955-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Tobias George

Mailing Address 22250 Providence Dr
Ste 304

City

State

Zip Code

Southfield

MI

48075-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 11 / 2012

Transaction ID : C8A13EAFE59AB963BE3

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Thomas Gettelfinger

Mailing Address 6485 Poplar Ave

City

State

Zip Code

Memphis

TN

38119-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2012

Transaction ID : 0AAF803F8C93D8CBE32

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 87
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Gilbert

Mailing Address 1364 91st Ave NE

City	State	Zip Code
Clyde Hill	WA	98004-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2012

Transaction ID : 41D3BFBCC091B6B736A2

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Orlando Gonzalez-VazquezMailing Address 1845 Carr 2
Ste 510

City	State	Zip Code
Bayamon	Se	00959-7204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 13947938FB187A50733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City	State	Zip Code
Houston	TX	77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : 4279BAF35FB72A690BA7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1183.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Green

Mailing Address 111 W Lincoln St

City

Belleville

State

IL

Zip Code

62220-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 161E969D8350720F4D0

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Marvin Greenbaum

Mailing Address 501 Belmont Ave

City

Bala Cynwyd

State

PA

Zip Code

19004-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2012

Transaction ID : FB2B9E5474A9C08B941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel Greenberg

Mailing Address 800 Austin St
Ste 256E

City

Evanston

State

IL

Zip Code

60202-3477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : D15BD76667125FCF764

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 28 OF 87

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Greenfield

Mailing Address 503 Broadway

City

Everett

State

MA

Zip Code

02149-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2012

Transaction ID : D6D7B7E42BF11AABABF

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Erich Groos

Mailing Address 2400 Patterson St
Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 16 / 2012

Transaction ID : 449CAFCE58604456844E

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Frank Hannah

Mailing Address 1622 E Marion St
Eye Surgery Center

City

Shelby

State

NC

Zip Code

28150-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 24FF806737D3A93F2D4

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2948.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Harbin

Mailing Address 3225 Cumberland Blvd SE
Ste 900

City State Zip Code
Atlanta GA 30339-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : 31A3172FF9036427F26

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Grant William Heinz

Mailing Address 4824 E Baseline Rd
Ste 113

City State Zip Code
Mesa AZ 85206-4678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 66D6C72349E2ABD6223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Higgins

Mailing Address 3412 W Centre Ave

City State Zip Code
Portage MI 49024-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : DED44CD5984BCB4C8D7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Holcomb

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 16 / 2012

Transaction ID : 4BADACC9B4AD29E7DCA

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David Huang

Mailing Address 0841 SW Gaines St

Unit 1712

City

Portland

State

OR

Zip Code

97239-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : FFF3806684815488731

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. W. Jackson Iliff

Mailing Address 901 Crystal Spring Farm Rd

City

Annapolis

State

MD

Zip Code

21403-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2012

Transaction ID : 4D878C55DFEFC919B434

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

498.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rama Jager

Mailing Address 6320 159th St
Ste A

City State Zip Code
Oak Forest IL 60452-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 27 / 2012

Transaction ID : 6988AE6DFCBFD977F36

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

B. Johanna Jensen

Mailing Address 1615 12th Ave Rd
Ste A

City State Zip Code
Nampa ID 83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : 65253EEC-D630-45BC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gordon Johns

Mailing Address 2517 NE Kresky Ave

City State Zip Code
Chehalis WA 98532-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 45C5BA201082794CB6F

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2790.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Johnson

Mailing Address 401 Phalen Blvd

City

Saint Paul

State

MN

Zip Code

55130-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 57111ADF340AE160A60

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2012

Transaction ID : 49F19DB674F80CCF04B3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leslie Jones

Mailing Address 2041 Georgia Ave NW
Ste 2100

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 08 / 2012

Transaction ID : 468491D1A783365CCCCDA

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

391.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Jones

Mailing Address 4925 J St

City

Sacramento

State

CA

Zip Code

95819-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A51CE786F6A2944F77A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jerome Jordan

Mailing Address 200 Mifflin Ave

City

Scranton

State

PA

Zip Code

18503-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 02 / 2012

Transaction ID : 4C9A97654D546B15B2D5

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lawrence Kahn

Mailing Address 5881 E Sapphire Ln

City

Paradise Valley

State

AZ

Zip Code

85253-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2012

Transaction ID : 42E9961A1AD145EB8776

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

491.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Kelly

Mailing Address 100 S Park Dr

City

Brownwood

State

TX

Zip Code

76801-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : F4F17D856A477524477

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Kim

Mailing Address 1316 Wilmington Island Rd

City

Savannah

State

GA

Zip Code

31410-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 1FB80EC8CB0A4F40556

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 05 / 2012

Transaction ID : 41659C58ADDC4E84DF9D

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1465.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Craig Kliger

Mailing Address 100 Galewood Cir

City

San Francisco

State

CA

Zip Code

94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.52

Date of Receipt

06 / 24 / 2012

Transaction ID : 482AB8D109F78B84D841

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Douglas Koch

Mailing Address 6565 Fannin St

City

Houston

State

TX

Zip Code

77030-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : E9464161-CDAE-49ED-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dennis Kontra

Mailing Address 5802 Washington Ave
Ste 102

City

Mount Pleasant

State

WI

Zip Code

53406-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 65EC7324EEE7A192337

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1030.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City State Zip Code
Plainview TX 79072-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 430891B8A3855AD674D4

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Wayne Larrison

Mailing Address 46 Prince St
Ste 203

City State Zip Code
New Haven CT 06519-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : 08670A49A9A0EDB6799

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Janice Law

Mailing Address 2311 Pierce Ave

City State Zip Code
Nashville TN 37232-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 4FB08832D70FD70144A7

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Zane Lazer

Mailing Address 418 Grand Park Dr
Ste 315

City Parkersburg State WV Zip Code 26105-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2012

Transaction ID : C17017BF762DDE29475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Julie Lee

Mailing Address 3950 Kresge Way
Ste 105

City Louisville State KY Zip Code 40207-4637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 7C3E119933D2D13F6D3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Lee

Mailing Address 2351 Erwin Rd
Dumc Box 3802

City Durham State NC Zip Code 27705-4699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 22A416F7E39834EF967

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Lehmann

Mailing Address 5300 North St

City

Nacogdoches

State

TX

Zip Code

75965-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : 75304BA592CAAF97F93

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Lehner

Mailing Address 3805A Spring St
PO Box 1677

City

Mount Pleasant

State

WI

Zip Code

53405-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2012

Transaction ID : F32272CC8A94E960133

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Lembach

Mailing Address 2250 N Bank Dr

City

Columbus

State

OH

Zip Code

43220-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 480C76E36CC4EB36932

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Levine

Mailing Address 19271 Montgomery Village Ave
Ste H2

City State Zip Code
Montgomery Village MD 20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 85FEB7A531D85848AE3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Locascio III

Mailing Address 636 Ridgewood Rd

City State Zip Code
Huntington WV 25701-4850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2012

Transaction ID : 7D4B70E0-5E3A-4F05-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric Paul Lohse

Mailing Address 1025 S 6th St

City State Zip Code
Springfield IL 62703-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : F1B36203602E8F9B046

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Lowe

Mailing Address 4175 S Congress Ave
Ste V

City State Zip Code
Lake Worth FL 33461-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2012

Transaction ID : 48FFB00492F65B2320AB

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Barry Mandell

Mailing Address 3101 Yellowfin Ct

City State Zip Code
Virginia Beach VA 23452-6285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : 6D5D8B2508B1CF73FCA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Delia Manjoney

Mailing Address 2720 Main St

City State Zip Code
Bridgeport CT 06606-5363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : C4CAAF65D08ABF633AF

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4083.34

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sheron Marshall

Mailing Address 7075 Campus Dr
Ste 100

City State Zip Code
Colorado Springs CO 80920-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 08 / 2012

Transaction ID : 4F1F9AFE945AA42B99E5

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code
Cedar Falls IA 50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 29 / 2012

Transaction ID : 4515BD9A14E218B63F83

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Scott Massios

Mailing Address 530 by Pass 123
Ste C

City State Zip Code
Seneca SC 29678-0859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : FF4CA681BB6744F3333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Mathews

Mailing Address 1501 NE Medical Center Dr

City State Zip Code
Bend OR 97701-6051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : 5827F953EA3B055903C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carl May

Mailing Address 250 Fame Ave
Ste 225

City State Zip Code
Hanover PA 17331-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A527EDF9C9E35925B03

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Mayle

Mailing Address 269 Hoffman Ave

City State Zip Code
Morgantown WV 26505-7302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : 47A4AB93CD6189223505

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. C. McCarty

Mailing Address 7411 Wallace Blvd

City

Amarillo

State

TX

Zip Code

79106-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 07 / 2012

Transaction ID : 424988F1D01D45EB994C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. M. Lisa McHam

Mailing Address 1900 Crown Colony Dr
Ste 300

City

Quincy

State

MA

Zip Code

02169-0979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 4F24862A035E979D1160

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Stephen Merfeld

Mailing Address 1885 W Pointe Dr

City

Oshkosh

State

WI

Zip Code

54902-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 20 / 2012

Transaction ID : C1A9EFD21A8FC40B1B4

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

465.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 392 Rochambeau Ave

City State Zip Code
 Providence RI 02906-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 08 / 2012

Transaction ID : 4C4DBB9D82D38674AAC4

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Aaron Miller

Mailing Address 19719 Oxalis Ct

City State Zip Code
 Spring TX 77379-7555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

Transaction ID : 4A1E96EDDE03BC0A3312

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Miller Jr.

Mailing Address 245 Windham Hill Rd

City State Zip Code
 Knoxville TN 37934-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 02B6214D83F16A09B0D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

83.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amalia Miranda

Mailing Address 4801 Bocage Ln

City State Zip Code
 Oklahoma City OK 73142-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2012

Transaction ID : 4344997B1B9A5BABF482

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kelly Mitchell

Mailing Address 8701 Toledo Ave

City State Zip Code
 Lubbock TX 79424-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2012

Transaction ID : 553EC6E84C63CE0C3E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Mitchell

Mailing Address 366 Colt Hwy
 Route 6

City State Zip Code
 Farmington CT 06032-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A96A9A3C4CD143FA4C4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sok Nam

Mailing Address 4278 W 3rd St

City State Zip Code
Los Angeles CA 90020-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 47C6948C5BF6B2490E1A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kamal Nassif

Mailing Address 2300 N Mayfair Rd
Ste 1155

City State Zip Code
Milwaukee WI 53226-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : 803179FFAA28503BCDF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Iley Neely

Mailing Address 5601 N Dixie Hwy
Ste 115

City State Zip Code
Oakland Park FL 33334-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : B5DADA840EECAD39301

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Herbert Nevyas

Mailing Address 2 Bala Plz

City State Zip Code
 Bala Cynwyd PA 19004-1501

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 27 2012

Transaction ID : 97418FDF33DDAF74F6A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Louis Nichamin

Mailing Address 50 Waterford Pike

City State Zip Code
 Brookville PA 15825-2518

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 27 2012

Transaction ID : 237A22743686AF2CB47

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael O'Brien

Mailing Address 618 Toll Gate Rd

City State Zip Code
 Warwick RI 02886-2717

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 25 2012

Transaction ID : 82B4EA8D8D4DD24C989

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward O'Malley

Mailing Address 526 Saddle Ln

City

Grosse Pointe Wood

State

MI

Zip Code

48236-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2012

Transaction ID : DBF77F5BA876D3011C1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 09 / 2012

Transaction ID : 454E9E278B88C666BB61

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Terrill Olsen

Mailing Address 3260 NW Mount Vintage Way

City

Silverdale

State

WA

Zip Code

98383-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 0AD914594427BC298CA

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Seth Oppenheim

Mailing Address 850 Enterprise Pkwy
Ste 1200

City Hampton State VA Zip Code 23666-6251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 6CDAB391E0C168D3FFE

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Samuel Packer

Mailing Address 84 Beverly Rd

City Great Neck State NY Zip Code 11021-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 6C05D29F85F77C0D574

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Timothy Page

Mailing Address 800 S Adams Rd
Ste 201

City Birmingham State MI Zip Code 48009-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 20 / 2012

Transaction ID : 4EE6931C2858D75AE347

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

771.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Laura Pallan

Mailing Address 543 Backbone Rd

City

Sewickley

State

PA

Zip Code

15143-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 36241B9F89C42BE6A7F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Millicent Palmer

Mailing Address 4102 Woolworth Ave
Routing # 112

City

Omaha

State

NE

Zip Code

68105-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.02

Date of Receipt

06 / 20 / 2012

Transaction ID : 414187E15142A58AD76D

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Louis Pasquale

Mailing Address 243 Charles St

City

Boston

State

MA

Zip Code

02114-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 0ED06A583FA5CA77B2E

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

607.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alpa Patel

Mailing Address 1926 Glendon Ave
Apt 3

City State Zip Code
Los Angeles CA 90025-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 27 / 2012

Transaction ID : 86657DBE5E6A8843547

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel Petashnick

Mailing Address 732 Main St

City State Zip Code
Manchester CT 06040-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A6DB4FB3FEDB9719FD2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bryan Phillips

Mailing Address 3807 Royal Portrush Dr

City State Zip Code
Naperville IL 60564-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : 9F7A25A52D5DDFD3CDF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dawn Phillips

Mailing Address 1280 Windham Pkwy

City State Zip Code
 Romeoville IL 60446-1673

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : D0558EEAA4A77E4287C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence Platt

Mailing Address 3805 Spring St

City State Zip Code
 Mount Pleasant WI 53405-1667

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : 8AD6AAE5516CE859F38

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Abraham Poulouse

Mailing Address 6408 Locust St

City State Zip Code
 Shawnee KS 66218-9067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : 259933A7267EAF2C0A2

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cheryl Powell

Mailing Address 231 W Vernon Ave
Ste 104

City State Zip Code
Los Angeles CA 90037-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 0E38F3C5CC6D3CA4EFB

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. James George Ralston

Mailing Address 65 Medical Park Blvd
Ste 101

City State Zip Code
Pineville LA 71360-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : 1A0EB6A4DE462BF7660

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Brian Ranelle

Mailing Address 1872 Norwood Dr

City State Zip Code
Hurst TX 76054-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : 57011866-058F-4602-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1215.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Raphaelian

Mailing Address 19098 Elizabeth Ct

City

Spring Lake

State

MI

Zip Code

49456-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : BA01C9BFEB5D73B1559

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Chad Reder

Mailing Address 1680 E Herndon Ave
Ste 101

City

Fresno

State

CA

Zip Code

93720-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2012

Transaction ID : 08088D88B8B495F368D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Charles Richardson

Mailing Address 100 Hospital Dr W

City

Hattiesburg

State

MS

Zip Code

39402-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : E418B2CA46530C47DC3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1902.00

Date of Receipt

06 / 26 / 2012

Transaction ID : 423292F7B216081EE3BB

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

B. Elias Rosa

Mailing Address PO Box 195402

City State Zip Code
San Juan Se 00919-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 6FF3972F865BA019669

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. John Rosculet

Mailing Address 906 Windward Ct

City State Zip Code
Neenah WI 54956-4276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2012

Transaction ID : 196C565771B6E888419

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1182.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Rosenfeld

Mailing Address 16201 S Military Trl

City State Zip Code
Delray Beach FL 33484-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : CC10375D-D490-46E6-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Rubin

Mailing Address 1464 Mark Dr

City State Zip Code
East Meadow NY 11554-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : 183D16BFD81FACF5DA8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Scott

Mailing Address 3700 Joseph Siewick Dr
Ste 400

City State Zip Code
Fairfax VA 22033-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 71418D5BC065D70B309

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 57 OF 87

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Janet Serle

Mailing Address PO Box 1183

City
New York

State Zip Code
NY 10029-0312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2012

Transaction ID : C41BC26854F361A1339

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Sanjay Shirish Shah

Mailing Address 1650 1st Ave NE

City
Cedar Rapids

State Zip Code
IA 52402-5431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 4A644016-0CE7-4A2C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bradford Shingleton

Mailing Address 50 Staniford St
Ste 600

City
Boston

State Zip Code
MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 713CA025E048D0BAFC9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1215.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Alfred Sieck

Mailing Address 1025 Maine St

City
Quincy

State
IL

Zip Code
62301-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 18 / 2012

Transaction ID : CF87EA97DEE83C1088E

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Silbert

Mailing Address 2110 Harrisburg Pike
Family Eye Group

City
Lancaster

State
PA

Zip Code
17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2012

Transaction ID : BB8B2F304B41184C46A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City
Cleveland

State
OH

Zip Code
44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

06 / 29 / 2012

Transaction ID : 4698BF1E487371FF8FDD

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

813.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jason Slakter

Mailing Address 460 Park Ave
 Fl 5

City State Zip Code
 New York NY 10022-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 29 2012

Transaction ID : 629074698BB82754DE5

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. L. Douglas Smith

Mailing Address 10 Vision Ln

City State Zip Code
 Natchez MS 39120-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 08 2012

Transaction ID : 0250F100A11615DD596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott So

Mailing Address 2100 Webster St
 Ste 214

City State Zip Code
 San Francisco CA 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 19 2012

Transaction ID : 4174B1C01176179AB2E9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Solomon

Mailing Address 14999 Health Center Dr
Ste 108

City State Zip Code
Bowie MD 20716-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : D5C76F88E86C882453A

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Sriram Sonty

Mailing Address 3042 Carmel Dr

City State Zip Code
Flossmoor IL 60422-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : 3CD73B487EC27E9F1EB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gerald Spindel

Mailing Address 6 Tsienneto Rd
Ste 101

City State Zip Code
Derry NH 03038-1584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2012

Transaction ID : 4385909627719945D306

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

891.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cameron Stone

Mailing Address 386 Kimberly Ave

City

Asheville

State

NC

Zip Code

28804-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2012

Transaction ID : 4ACEBBDF2F6F009E0499

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott Howard Strickler

Mailing Address 418 Grand Park Dr
Ste 315

City

Parkersburg

State

WV

Zip Code

26105-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2012

Transaction ID : D4FA89D2D652189D514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lyse Stuart Strnad

Mailing Address 540 E Jefferson St
Ste 201

City

Iowa City

State

IA

Zip Code

52245-2460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2012

Transaction ID : 9E3D693E9D33C42A08A

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Szal

Mailing Address 248 Pleasant St
Ste 1600

City State Zip Code
Concord NH 03301-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : 4B3A3DD2C56DDED39DE

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Gary Tanner

Mailing Address 10 Jacobs Ln

City State Zip Code
Newport News VA 23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : 4C588D1847AC8E15CEBA

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Barry Teasley

Mailing Address 103 Cox Blvd

City State Zip Code
Goldsboro NC 27534-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : F7C18482AE09A23CD7C

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Clarissa Tendero

Mailing Address 44688 Country Club Dr

City State Zip Code
 El Macero CA 95618-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 0FDD75A1DE747EB6313

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Frank Terrell

Mailing Address PO Box 1317

City State Zip Code
 Stephenville TX 76401-0013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : C890F46506BACDCADA7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven Thom

Mailing Address 4640 Timberline Dr S

City State Zip Code
 Fargo ND 58104-6654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2012

Transaction ID : 86AA8D277A8A0CB86BC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Thomas

Mailing Address 3519 Friendsville Rd

City State Zip Code
 Wooster OH 44691-1241

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : 2C97F4592FD70BA8007

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dan Tran

Mailing Address 709 E Anaheim St

City State Zip Code
 Long Beach CA 90813-3507

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : 4F504E6846F34DD1B8A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony Truxal

Mailing Address 2245 S 19th St
Ste 200

City State Zip Code
 Tacoma WA 98405-2945

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : C94670089DA5AF10FC2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Turan

Mailing Address 450 Sutter St
Rm 1918

City State Zip Code
San Francisco CA 94108-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : 35FE5AD9BD76E714DA4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cordelia Uddoh

Mailing Address 608N Easton Rd
Premiervision Laser Center, Inc, S

City State Zip Code
Willow Grove PA 19090-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : E822BBE54F063D659D7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald Vanderlugt

Mailing Address 1717 Shaffer St
Borgess N Prof Building, Ste 207

City State Zip Code
Kalamazoo MI 49048-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 32E20929DEF9FED3873

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Walsh

Mailing Address 310 E 14th St

Ny Eye and Ear Infirmary

City

New York

State

NY

Zip Code

10003-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2012

Transaction ID : 4389707EACCE942DEC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 18 / 2012

Transaction ID : F7605AB9320085BF731

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2012

Transaction ID : 4ABB94BF1EF7DE51F5AD

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

341.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Waterhouse

Mailing Address 2478 Patterson Rd
Ste 7

City State Zip Code
Grand Junction CO 81505-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 88F683F67DF3E7116E5

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel Weidenthal

Mailing Address 25700 Science Park Dr
the Landmark Suite 190

City State Zip Code
Beachwood OH 44122-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : C46F3557A908A524D3A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City State Zip Code
Seattle WA 98118-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : 44F1B3F25BDF552DAF8D

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

748.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Welch

Mailing Address 526 Shoup Ave W
Ste H

City State Zip Code
Twin Falls ID 83301-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : 35445A481D80ADD78D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James Wentzien

Mailing Address 3600 N Interstate Ave

City State Zip Code
Portland OR 97227-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : 43A6A0D7314F2608920C

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Daniel Whipple

Mailing Address 8244 E US Highway 36
Ste 200

City State Zip Code
Avon IN 46123-9621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : DFB50C5CDEFAEF21B49C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

841.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Whitaker

Mailing Address 2001 N MacArthur Blvd
Ste 425

City Irving State TX Zip Code 75061-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2012

Transaction ID : 1284AAD171D77FEA168

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Wild

Mailing Address 3433 S Lafountain St

City Kokomo State IN Zip Code 46902-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2012

Transaction ID : D831F0509BFDD449D9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Williams

Mailing Address 7760 France Ave S
Ste 310

City Minneapolis State MN Zip Code 55435-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 08 / 2012

Transaction ID : 53C98068A2F3732C029

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Williams

Mailing Address 591 Lincoln St

City
Worcester

State
MA

Zip Code
01605-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 04 / 2012

Transaction ID : E43CC3BC664B93595CE

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. John Winkler

Mailing Address 940 Lee St

City
Des Plaines

State
IL

Zip Code
60016-6555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2012

Transaction ID : 19BEDEAF612DBCB0C0E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd
Ste 344

City
Royal Oak

State
MI

Zip Code
48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2012

Transaction ID : 4E2488E7845D46C45B9C

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

941.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Keye Luc Wong

Mailing Address 3920 Bee Ridge Rd
Bldg D

City State Zip Code
Sarasota FL 34233-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 27 / 2012

Transaction ID : BDEABFDBA6EFB0D1387

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. William Wong

Mailing Address 99-128 Aiea Heights Dr
Ste 703

City State Zip Code
Aiea HI 96701-3978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 08 / 2012

Transaction ID : 4DEA88AD4F18D230FD21

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Robert Arthur Yohai

Mailing Address 864 2nd St

City State Zip Code
Santa Rosa CA 95404-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : 4E7AC7E5A1C08DD7F7E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Zeh

Mailing Address 14540 Prairie Lakes Blvd N
Ste 100

City State Zip Code
Noblesville IN 46060-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 4EB151A322CE91F4422

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven Zelko

Mailing Address 309 W Quinto St

City State Zip Code
Santa Barbara CA 93105-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : D54A48812631CED3443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2012

Transaction ID : 4391AC789BCBB4A9B58F

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1406.67

82198.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. DMI Direct

Mailing Address 1145 W Collins Ave

City	State	Zip Code
Orange	CA	92867

Purpose of Disbursement
Invoice 11216 - IE Sullivan OK1: radio buy, creative services, production and editing

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2012

Transaction ID : V5A6B35D5062FD603E92

Amount of Each Disbursement this Period

-39000.00

Full Name (Last, First, Middle Initial)

B. DMI Direct

Mailing Address 1145 W Collins Ave

City	State	Zip Code
Orange	CA	92867

Purpose of Disbursement
Invoice 11217 - IE Sullivan OK1 "Other Fella" mailing, production, postage, design and creative fee

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Transaction ID : VDF199C25591200BFAF9

Amount of Each Disbursement this Period

-18000.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
AMEX discount - Jun 2012

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : 531A2BE9F838A9AD49B

Amount of Each Disbursement this Period

588.49

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-56411.51

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Jun 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2012

Transaction ID : B25E02802D15B5C982E

Amount of Each Disbursement this Period

1898.49

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1898.49

-54513.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ameripac: the Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Transaction ID : 78455498FEE0F22D600

Amount of Each Disbursement this Period

2500.00

Candidate Name

Ameripac: the Fund for a Greater America

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement
2012 General

011

Transaction ID : AFA08FB48FDC582F2CD

Amount of Each Disbursement this Period

1000.00

Candidate Name

Gus Michael Bilirakis

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 12

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
2012 Contribution

011

Transaction ID : 10AAE03A0A6F53AE67E

Amount of Each Disbursement this Period

5000.00

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cantwell Victory 2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2012

Mailing Address 3518 Fremont Avenue North
#545City State Zip Code
Seattle WA 98103Purpose of Disbursement
2012 Contribution

011

Candidate Name

Cantwell Victory 2012Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID : E2903D56D8703E68051

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Courtney for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066Purpose of Disbursement
2012 Primary

011

Candidate Name

Joseph D. CourtneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Contribution

Transaction ID : 1ADDCB20F9B7E83B06C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Every Republican Is Crucial (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Mailing Address 25 E Main Street
Suite 200City State Zip Code
Richmond VA 23219-2109Purpose of Disbursement
2012 Contribution

011

Candidate Name

Every Republican Is Crucial (ERICPAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID : FACB961F49C8275B264

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Bill Posey

Mailing Address PO Box 360877

City	State	Zip Code
Melbourne	FL	32936

Purpose of Disbursement
2012 General

011

Candidate Name

Bill Posey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 08

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 0695299A7648B9714E0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Cliff Stearns

Mailing Address PO Box 308

City	State	Zip Code
Silver Springs	FL	34489

Purpose of Disbursement
2012 General

011

Candidate Name

Clifford B. Stearns

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 03

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : 906AB4906E94CC65628

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2012 Primary

011

Candidate Name

Joseph Heck Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 03

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Transaction ID : 9A2B0F215947E68D3A7

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Rich Nugent

Mailing Address PO Box 15668

City
BrooksvilleState
FLZip Code
34604-0122Purpose of Disbursement
2012 Primary

011

Candidate Name

Richard B. Nugent

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : 2A51CEF0280924D814A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 General

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 08627B30E9C51155799

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 General

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 245F86D554F875FF402

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gillibrand for SenateMailing Address 236 Massachusetts Ave NE
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Primary

Candidate Name

Kirsten Elizabeth GillibrandOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : 88B7A07CF28E8642910

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement
2012 Primary

Candidate Name

Orrin G. HatchOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Transaction ID : E802ED5699F56DB612B

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Hudson Valley Future Fund

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

Candidate Name

Hudson Valley Future FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 059AC5D57DAC5C92D76

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeff Miller for Congress

Mailing Address PO Box 126

City	State	Zip Code
Pensacola	FL	32591

Purpose of Disbursement
2012 Primary

011

Candidate Name

Jefferson B. Miller

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : 16F969F30DCFE15F92C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kissell for Congress

Mailing Address PO Box 1530

City	State	Zip Code
Biscoe	NC	27209

Purpose of Disbursement
2012 General

011

Candidate Name

Lawrence Webb Kissell

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : BF002712D1448320FCA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601-1441

Purpose of Disbursement
2012 Primary

011

Candidate Name

Lynn Jenkins

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : E7F5E1617279139289F

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Transaction ID : B62071D835744133C88Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

2500.00

Full Name (Last, First, Middle Initial)

B. Mike Rogers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Transaction ID : 19E5EA14379878F45C3Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

Michael Dennis RogersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 03

1000.00

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Mailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : 2DC6498012FE169F3BBPurpose of Disbursement
2012 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Nancy PelosiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition Political Action Committee Aka Ndc PACMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

New Democrat Coalition Political Action Committee Aka Ndc PAC

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : A1A4C0E910F094641AE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2012 General

011

Candidate Name

Frank Pallone Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : BEC8CE4FFEA6140CBB2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
2012 General

011

Candidate Name

William J. Pascrell Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : 01BDB33C3CD3E91893C

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rand Paul for Us Senate 2016

Mailing Address PO Box 72928

City Newport	State KY	Zip Code 41072
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Purpose of Disbursement
2016 General

011

Candidate Name

Rand Paul

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary
☒ General
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : 8F9DA1F1CD54710DAD6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Robert Hurt for Congress

Mailing Address PO Box 8

City Chatham	State VA	Zip Code 24531-0008
-----------------	-------------	------------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Robert Hurt

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: VA

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : 2B19DAE06771DC40A9D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stabenow for Us Senate

Mailing Address PO Box 4945

City East Lansing	State MI	Zip Code 48826
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Purpose of Disbursement
As disclosed in June Monthly FEC Report.

011

Candidate Name

Deborah Stabenow

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary
☐ General
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : BE2B97D677463C9A78C

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

As disclosed in June Monthly FEC Report.

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stabenow for Us Senate

Mailing Address PO Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement
MEMO - Redesignation of 5/23/12 contribution.

Candidate Name

Deborah Stabenow

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : CAC7E136EBA232DB712

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Redesignation of 5/23/12 contribution.

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement
2012 General

Candidate Name

Steve Stivers

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : 327841CFC6FCE17952B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tfp-Fojb Committee

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2012 Contribution

Candidate Name

Tfp-Fojb Committee

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : A6C5DA0594C2162C1AD

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
2012 General

011

Candidate Name

Fredrick Stephen Upton

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : 6E934E23739BC57AA8E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2012 General

011

Candidate Name

John M. Shimkus

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : CD19DC5A91B29CE5B4D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

84500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. David Chia

Date of Disbursement

Mailing Address 15785 Laguna Canyon Rd
Ste 300

Diagram showing three 16-pin D-sub connectors. The first connector is labeled '06' and has pins labeled 'M' and 'M'. The second connector is labeled '05' and has pins labeled 'D' and 'D'. The third connector is labeled '2012' and has pins labeled 'Y', 'Y', 'Y', and 'Y'.

City	State	Zip Code
Irvine	CA	92618-3178

Transaction ID : 11A12BC81EBA91138C4

Purpose of Disbursement	duplicate online transaction
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010

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	199.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

199.00

TOTAL This Period (last page this line number only).....

199.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 87
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER ▼ C C00196246
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>

Full Name (Last, First, Middle Initial) of Payee DMI Direct		Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>11</div><div>2012</div></div>
Mailing Address 1145 W Collins Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39000.00</div>
City Orange	State CA	
Zip Code 92867		Transaction ID : VD535E6EE8012B69EBC6
Purpose of Expenditure IE Sullivan OK1: radio buy, creative services, production and editing		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type		State: OK
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. John A. Sullivan		District: 01
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<div style="border: 1px solid black; padding: 2px; text-align: right;">57000.00</div>		2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee DMI Direct		Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>18</div><div>2012</div></div>
Mailing Address 1145 W Collins Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18000.00</div>
City Orange	State CA	
Zip Code 92867		Transaction ID : V8A87B2CBB02B6710810
Purpose of Expenditure IE Sullivan OK1 "Other Fella" mailing, production, postage, design and creative fee		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type		State: OK
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. John A. Sullivan		District: 01
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<div style="border: 1px solid black; padding: 2px; text-align: right;">57000.00</div>		2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">57000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">57000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steven Rausch

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

10

19

2012